Specialist in tropical medicine

Personal certificate and recommandation

**Mrs./Miss/Mr.**

is a candidate for the title of a specialist in tropical medicine according to the regulations of the Swiss Medical Association SIWF.

In addition to the requirements of a basic training in Switzerland and of a specific final examination - as defined by the Swiss Society of Specialists in Tropical Medicine SIWF - her/his training abroad has to be evaluated and recommended for recognition at least once a year by the head (doctor in charge) of the clinic or institution where the candidate is working.

Note that the appreciation given in the form below has to be discussed with and signed also by the candidate.

**Periode of evaluation**

(from / to)

**Name of hospital /**

**service** (address, country)

**Doctor in charge**

**of the training** (speciality)

**I Activities of the candidate** (in % of total professional activities)

 General / internal medicine    %

 Surgery    %

 Gynecology and obstetrics    %

 Pediatrics    %

 Laboratory work    %

 Public health    %

 Teaching    %

 Other (specify)    %

**II Professional Qualifications**

 Willing to learn

 Knowledge and aptitude (in general)

 Systematic and problem-orientated approach (to patients)

 Attitude towards patients and their families

 Adaption to the cultural context

 Communication with patients

 - with the assistance of a translator

 - directly with a sufficient knowledge of the local language

 Record keeping

 Physical examination of patients

 Rational and appropriate therapies with the available means

 Management of emergencies

 Specific knowledge of tropical/local pathology

 Teaching skills

 Particular merits

**III Professional Attitude**

 Motivation

 Efficiency

 Independence

 Disponibility

 Tolerance

 Reliability

**IV Relations**

 With other professionals

 With authorities

 With superiors

 With patients

**V Periods of Absence from Duty**

 For holiday

 For illness

 Other (specify)

**VI Do you recommend to recognize this postgraduate training as part of a**

 **specialization in tropical medicine?**

 [ ]  yes [ ]  partially [ ]  no

 If the answer shoud be „partially“ or „no“ please specify!

Place and date Signature and stamp

**This certificate has been discussed with the candidate**

Place and date Signature of the candidate

Bern, 13. November 1995/dr

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